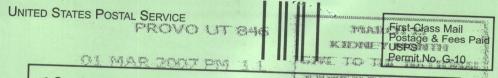
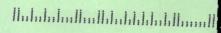
COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. Also complete ☐ Agent item 4 if Restricted Delivery is desired. ☐ Addressee Print your name and address on the reverse C. Date of Delivery B. Received by (Printed Name) so that we can return the card to you. Attach this card to the back of the mailpiece, ☐ Yes or on the front if space permits. D. Is delivery address different from item 1? □ No If YES, enter delivery address below: 1. Article Addressed to: **BRAD BOYTER** WESTERN CLAY CO 620 E STATE HWY 24 3. Service Type Certified Mail AURORA UT 84620 Return Receipt for Merchandise ☐ Registered ☐ C.O.D. ☐ Insured Mail 4. Restricted Delivery? (Extra Fee) ☐ Yes PB 2/24/07 50270101 0004 1824 8590 7004 2510 2. Article Number (Transfer from service label) 102595-02-M-1540 Domestic Return Receipt

PS Form 3811, August 2001



Sender: Please print your name, address, and ZIP+4 in this box

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AURORA UT 84620

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